

EXHIBIT 2

**IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF TENNESSEE
EASTERN DIVISION**

UNITED STATES OF AMERICA

v.

No. 1:16-cr-10063-JDB-1

LONNIE EDWARD GEORGE

**DECLARATION OF DR. BILAWAL AHMED
PURSUANT TO 28 U.S.C. §1746**

I, Bilawal Ahmed, hereby declare:

1. I am a licensed oncologist in the state of Tennessee.
2. I write this declaration in support of the motion of Lonnie George for compassionate release.
3. I began treating Mr. George in January 2023 at Regional One Health in Memphis, Tennessee. Mr. George was referred to Regional One Health by the Bureau of Prisons. Staff from the Bureau of Prisons bring him to appointments at the Regional One Health office.
4. In order to treat Mr. George, I have reviewed all relevant medical records.

Credentials and Experience

5. I obtained my medical degree from Sindh Medical College in Karachi, Pakistan. I completed my residency in Internal Medicine at Mercy Hospital & Medical Center in Chicago, and then completed a fellowship in Hematology and Oncology at the University of Missouri in Columbia. I have certifications in oncology and hematology from the

American Board of Internal Medicine. In addition, I am an assistant professor of hematology and oncology at the University of Tennessee Health Science Center.

Prostate Cancer

6. Mr. George has stage IV metastatic prostate cancer. This means that the cancer has spread beyond his prostate. There is no cure for the cancer at this stage. The disease has an end-of-life trajectory.
7. Statistics estimate that slightly less than 50% of stage IV metastatic prostate cancer patients survive five years past their diagnosis. This probability is consistent with my clinical experience.
8. The usual timeline for diagnosing prostate cancer is to perform a biopsy within three months of an elevated prostate-specific antigen (PSA) test, and, if the biopsy is positive, a prostate-specific membrane antigen positron emission tomography and computed tomography (PSMA-PET/CT) scan within two months of the biopsy.
9. In early December 2021, Mr. George received an abnormal result on a PSA test. A follow-up PSA test was performed later that month. This second test confirmed the abnormal PSA level. As a result of these tests, Mr. George was referred to a urologist.
10. In late February 2022, Mr. George saw a urologist, who ordered another PSA test and a magnetic resonance imaging (MRI) scan to investigate whether Mr. George had prostate cancer.

11. In mid April 2022, Mr. George underwent an MRI exam. This MRI found a lesion on his prostate, but did not find metastasis beyond the prostate.
12. In early June 2022, Mr. George underwent a prostate biopsy. This biopsy confirmed that Mr. George had prostate cancer.
13. In mid October 2022, Mr. George underwent a PSMA-PET/CT scan. This scan found that the cancer had metastasized to the pelvic and retroperitoneal lymph nodes surrounding Mr. George's prostate, and gave some indication that the cancer had spread to his cervical spine and left posterior third rib. The PSMA-PET/CT was the first indication that Mr. George's cancer had metastasized, rendering it incurable.
14. In mid January 2023, I began treating Mr. George. After evaluating all of the information discussed above, I started him on Eligard (leuprolide), an injectable hormone therapy drug that gets administered every six months, as well as Xtandi (enzalutamide), a stronger hormone therapy drug that gets administered daily in pill form.
15. Side effects of Eligard include night sweats, fatigue, bone and muscle loss, and hot flashes. Side effects of Xtandi include fatigue, dizziness, hot flashes, and high blood pressure.
16. Prostate cancer at stage IV is often painful, both due to the cancer and due to the treatment. Mr. George has been experiencing musculoskeletal pain.
17. Mr. George's cancer is incurable. Beyond that fact, it is hard to predict the likely course of the cancer. For his current treatment to be effective, Mr. George must receive his medication regularly and have timely appointments made with me or another oncologist.

Timely appointments are critical so that Mr. George can be monitored to determine how he is responding to his current treatment. If Mr. George does not respond well to his current treatment, he likely will survive between two and four years after his diagnosis. During this time, he would need to make hospital visits every three to four weeks to receive appropriate care.

18. Mr. George was scheduled for a follow-up appointment with me on March 23, 2023. He was not brought to that appointment.

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge. Executed this 13 day of April, 2023 in Memphis, Tennessee.

B.ahmed

Bilawal Ahmed